



ELEVATOR DATA INSPECTION REPORT NEW and MODERNIZED EQUIPMENT

(One form may be used for multiple identical units)

1. Permit Number: _____ State Serial No.: _____ Owners Elev. No. _____

2. Name of Building: _____ Date Inspected: _____

3. Address: _____ City: _____ ZIP: _____

4. Building Used as _____ Who Uses Elev.? _____
(Hotel, Office Bldg., Store, Fact., Whse., etc.) (Tenants, Public, Emps.)

5. No. Elevators on Premises: Passenger _____ Freight _____ Service _____ Auto _____ Sidewalk _____
Dumbwaiter _____ Escalator _____ Moving Walk _____ Hoist _____ Residence _____ LULA _____ Other _____ (Type) _____

6. Report Covers _____ Variance _____ Variance Number _____ By _____
(Power, Type-Pass., Frgt., Pass. and Frgt., etc.) (Yes or No) (State or County)

7. Mfg's. Name: _____ Mfg's. No. _____ Date Installed/Mod. _____ Capacity _____
Speed: _____ Rise in Feet: _____ No. Landings: _____ No. Entrances: _____ Entrances Staggered: _____
(Pounds-Persons) (Y or N)

8. Hoistway Enclosure: Wood _____ Shaft-wall _____ Masonry _____ Other (Please specify) _____ Height. of Travel _____

9. Car clearance O.H. _____ Pit Depth _____ Car Pit Runby _____ Car Top Runby _____

Entrances	Floor	Height	Construction	How Operated		Unlocking devices	Mfg. & Type Interlocks
Horizontal Sliding Doors							
Hinged Swinging Doors							
Vertical Bi-Part Sliding Doors							
Collapsible Gates							

10. Guide Rails: Steel "T" _____ Omega _____ Round _____ Other _____ Type Buffers: Car _____ Cwt. _____
(Oil or spring)

11. Protection Under Overhead Machinery? _____
(Yes or No)

CAR :

13. Size of Platform _____ Car Height (Floor to Dome) _____ Clear Car Height (Floor to Drop ceiling) _____
No. Car Entrances _____ No. Car Door/Gates _____ Car Door/Gate Protection Type: Safety Edge _____ Light Ray _____ Electronic _____
14. How Are Door/Gates closed? _____ Fire fighter service _____ Universal Fire Key _____ Alternate landing location _____
(Yes or No) (Yes or No)
15. Operation: From Car _____ From Landing _____ Emergency Power _____ Type _____
(Auto or C.P. Push Button, Hand Cable, etc.) (Car Switch, etc.) (Yes or No) (Auto or Man.)
16. Emergency Stop Switch _____ Car Leveling _____ Toe Guard _____ Emergency Exit _____
(Top and/or side)
17. Type of Car Safety _____ Where Located? _____ How Actuated? _____ Counterweight Safety _____
(Yes or No)
18. Location of Governor _____ Tripping Speed _____ Safety Operated Switch _____ Slide _____
(Car/Counterweight) (Car/Counterweight) (Car/Counterweight) (Car/Counterweight)
19. CABLES :

	Hoisting	Car Cwt.	Drum (Res. only)	Governor	Compensation
Number					
Diameter					
Materials					
Fastening					
Date Installed					

MACHINE:

20. Location _____ Voltage _____
(overhead, side, In hoistway)
21. Drive: Belt, Worm, Geared, Spur Gear, Gearless, Direct _____ Diameter Drum (res. only) or Traction Sheave _____
22. Motor Control: Motor/Generator, Solid State DC, Variable Frequency Variable Voltage _____
23. Brake-Kind _____ Brake Type _____ Escalator/M.W. Brake Torque: Max. _____ Min. _____
(Mechanical -Magnetic) (Disc or Drum) (Per manufacturer design parameters)
24. Weight of Car _____ Weight of Cwt. _____ Percent of Cwt. Overbalance _____

HYDRAULIC MACHINE :

25. Plunger, Horiz. - Vert. _____ Hydraulic Fluid _____ Pressure: _____
(Type) (Static Empty) (Full Load Running) (Relief valve)
26. Car Connection _____ Future Rise cylinder _____ Short Piston _____ Cylinder Protection _____
(Yes or No) (Yes or No) (Yes or No)
27. Diameter of Plunger _____ Piston Top Over-travel _____ Two piece piston _____ Oil Line Protection _____
(Yes or No) (Yes or No)

CONTRACTOR: _____ REC#: _____ DATE: _____
(Printed)

MECHANIC: _____ CET #: _____ DATE: _____
(Printed)

(Signature)

INSPECTOR: _____ CEI #: _____ DATE: _____
(Printed)

(Signature)